

SCHOOL-BASED HEALTH CENTER REGISTRATION/ENROLLMENT FORM

Introduction

The registration/enrollment form is a tool for identifying the number and types of students/clients accessing SBHC services, as well as descriptive information about those students/clients. Every item should be completed on the form unless a section is labeled optional or “*For SBHC Office Use Only.*”

Students/clients or parents can complete the form or a SBHC staff person can complete the form during a meeting with the student/client. Either way, it is vital that an SBHC staff carefully review to ensure that it has been completed correctly prior to entering it into a computerized system.

When to Use a Registration/Enrollment Form

Complete a registration/enrollment form for each student/client receiving on-site SBHC care and for whom a signed consent form is on file. Health services include any service delivered by SBHC personnel at the SBHC. A form should be completed for all new and returning students/clients at the first time they present in the SBHC for the academic year. Once all students/clients have been entered into the system, you will be required to update enrollment data on an annual basis.

Medical Record Number: Since most SBHCs are part of larger systems that use an electronic/paper medical record, this field is designed to capture that number assigned to the student/client by the agency. (*For SBHC Office Use Only*)

School Name: Enter the name of the SBHC site where the student/client is being enrolled. (*For SBHC Office Use Only*)

Registration Date (Enrollment Period Start Date): Record the date of registration or the date that information was updated. **Do not** include the date the data were entered.

Client Information

First Name: Please enter the student/client’s first name as it appears on official school records.

Middle Name: Please enter the student/client’s middle name (if applicable).

Last Name: Please enter the student/client’s last name as it appears on official school records.

Birth Date: Record the student/client’s date of birth as month, date, and year. Make sure the year entered is the birth year and not the current year or registration year.

Gender: Check the appropriate box for the student/client’s self-identified gender.

Social Security Number: THIS FIELD IS NOT REQUIRED. However, the ESM system cannot recognize a blank SSN, so if you don’t want to put in a social security number, please enter 999 - 99-9999 in this field. If you choose to enter the SSN, you can.

Home Address: Enter the student/client’s home address including city, state, and zip code. Please check the box if this is the student/client’s primary address.

Home Phone: Enter the phone number where the student/client can be reached when not in school.

Cell Phone: Enter the cell phone number where the student/client can be reached when not in school.

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Demographics: Cultural Background

Are you Spanish/Hispanic/Latino: Please check yes if the student/client self-identifies as Spanish, Hispanic, or Latino.

If student/client identifies as Spanish/Hispanic/Latino: Check the box pertaining to the student/client's country of origin (check only one).

If student/client does not identify as Spanish/Hispanic/Latino: Check the cultural background that best reflects student/client (check only one).

What is your race?

Check all boxes that apply. For example, if student/client identifies as bi-racial, then ask student/client which two races best describe him/her and check those boxes.

In what languages do you prefer to read health related materials?

This pertains to what language the student/client is most comfortable reading.

Insurance Information

Insurance Type: Check the student/client's plan type. Ask to see the insurance card. If no insurance, check uninsured.

Insurance Name: Enter the name of the company as it is written on the insurance card.

Enrollment Assessment

1. If you are uninsured, have you applied for MassHealth/Medicaid?

Please ask the student if s/he has applied for MassHealth in the past and record the response. As part of the DPH contract, you are required to help a student/client obtain health insurance, if they do not have it. If applicable, please assist the student/client in determining eligibility for MassHealth.

2. Is a consent form on file? A consent form is required for program enrollment. This is intended to comply with whatever your site requirements are pertaining to consent. No particular type of consent needs to be specified. You need only say that at the time you enrolled the student, the appropriate consent was obtained.

3. Do you have Dental Insurance?

Check the appropriate box based on a student/client dental insurance status.

4. Are you a student?

If the client is currently enrolled as a student in the school in which the SBHC is located, then check yes. If yes, then indicate the grade level for the student at the time the enrollment assessment is being completed.

If the client is not currently enrolled as a student in the school in which the SBHC is located, check no. If no, then select the appropriate category that indicates how the person became a client of this school clinic.

5. Do you receive additional special education services?

If the student is enrolled in any special education program, classes, and/or services, please check yes.

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6. Do you receive free or reduced cost school lunches?

Check the appropriate box based on student's response.

7. In the last 12 months did you go to see a Doctor, Nurse Practitioner, or Physician Assistant for a complete physical exam?

If the student/client states s/he has been seen for a physical, then check yes and ask where services were received. If no, check no and make appropriate referral.

If you did see a Doctor, Nurse Practitioner, or Physician Assistant in the last 12 months, what was his/her name?

Enter the PCP name. *(For SBHC Office Use Only)*

8. In the last 12 months, where did you go most often for healthcare?

Ask the student/client where care was received and select the option that is most appropriate.

9. In the last 12 months, did you receive a comprehensive dental exam?

Ask the student/client if they received a dental exam. If the answer is yes, then check yes and ask where services were received. If no, check no and make appropriate referral.